



Natick Recreation and Parks Department

"Create Community through People, Parks and Programs"

January 1, 2016

Dear Parent/Guardian of Arrowhead/Woodtrail Camper,

The Massachusetts Department of Public Health requires that any medication(s) administered by a licensed day camp needs an **"Authorization to Administer Medication to a Camper" form filled out and signed by the camper's parent or guardian**. Without this form, we cannot administer medication to your son and/or daughter. This form must be filled out completely and returned to the Recreation and Parks Department by Friday, May 27. Please note that only medication(s) provided in the original, pharmacy labeled container, will be administered.

Please call us at the Recreation Department at (508) 647-6530 if you have any questions. Thank you in advance for your cooperation in this matter.

Respectfully,

Jon Marshall, Director

Natick Recreation and Parks Department

/ljp

**20__ CAMP ARROWHEAD • CAMP WOODTRAIL
AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER
(To be completed by Parent/Guardian)**

Name of Camper: _____ DOB: _____ Parent/Guardian Name: _____
Diagnosis: _____ Home Telephone: _____
Allergies: _____ Business Telephone: _____
Reaction to Allergen: _____ Emergency Telephone: _____
Severity: _____ Has Epi-pen Ever Been Given: Yes ☐ No ☐ N/A ☐

Name of Medication: _____ Dose Given at Camp: _____
Route of Administration: _____ Frequency: _____ Quantity Received: _____
Specific Directions/Precautions: _____
Possible Side Effects/Adverse Reactions: _____

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Name of Licensed Prescriber: _____ Business Telephone: _____
Emergency Telephone: _____

All medications on this page are to be given as described under Massachusetts Department of Public Health (MDPH) Regulation **CMR 430.160 (A), (C) AND (D)***
(See enclosed description)

Authorization to Administer Medication

Camp Woodtrail/Arrowhead is hereby authorized to administer the medications(s) listed above to my child _____
per MDPH Regulation CMR 430.160 (A), (C), and (D). (NAME OF CHILD)

Parent/Guardian Signature: _____ **Date:** _____
(NRPD 1/16)

20___ CAMP ARROWHEAD • CAMP WOODTRAIL
AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER
(To be completed by Parent/Guardian)

*** MDPH Regulation CMR 430.160**

105 CMR 430.160(A)

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.

105 CMR 430.160(C)

Medication shall only be administered by the health supervisor* or by a licensed health care professional authorized to administer prescription medications. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration or medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, there is written permission from the parent/guardian and the health care consultant approves in writing the administration of the medications.

105 CMR 430.160(D)

When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

*Health Supervisor - A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.